

## TERMS AND CONDITIONS OF AUTO-DEBIT ENROLLMENT

You are responsible for contacting your financial institution prior to signing the authorization form:

To ensure your institution's participation and determine bank fees applicable for this service.

It takes approximately one billing cycle before the automatic deduction will occur. In the meantime, please continue to pay by check, cash, or money order. Your bill will indicate electronic bank drafting is effective with **"\*PAID BY DRAFT\*"**

The City of The Colony will assess fees of \$25.00 for each insufficient funds. **Please call your financial institution regarding questions on fees they may charge separately.** The City of The Colony will remove your account from bank drafting for two insufficient funds within 12-month period (1 year). You will then be ineligible to participate in AUTO DEBIT for the next 12 months.

Claims on disputed bills must be received in the Utility Customer Service office at least five (5) business days prior to the due date.

To remove your account from AUTO DEBIT, written authorization must be received in the Utility Customer Service office at least 30 days prior to the effective bill date. **When service is disconnected due to moving out of The Colony, your final bill will NOT be a draft bill.**



## AUTHORIZATION FOR BANK DRAFTING

**Please read the terms and conditions for Auto-Debit Enrollment.**

I have read and agree with these terms and conditions. Please initial \_\_\_\_\_.

I authorize the City of The Colony to debit my account each month for the amount of services billed on my water utility account. I also authorize my financial institution, below, to debit same amounts from my account.

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Financial Institution Phone Number

\_\_\_\_\_  
Financial Institution Routing Number  
(First 9 digits in the bottom left corner of check)

\_\_\_\_\_  
Your account number

**Please check the appropriate boxes:**

Type of Financial Institution:  
☐ Bank ☐ Savings & Loan

☐ Credit Union ☐ Other

Type of Account:  
☐ Checking ☐ Savings

**Please Print:**

\_\_\_\_\_  
Customer Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Signature (s)

\_\_\_\_\_  
(All authorized signatures are required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Water Utility Account Number

\_\_\_\_\_  
Daytime Phone Number

**Please attach a voided check! Do NOT attach a Deposit Slip!!**